South Carolina Workers' Compensation Commission
SELF-INSURANCE DIVISION
1612 Marion St. • P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5706

APPLICATION TO INDIVIDUALLY SELF-INSURE

1. Name: _____
2. Address: _____
3. Telephone Number: ( ) _____
4. Employer's Federal Identification Number: _____
5. Applicant is a (check one): Applicant's SIC Code: _____

- ☐ (A) Corporation
- ☐ (B) Partnership
- ☐ (C) Sole Proprietorship
- ☐ (D) Subsidiary Corporation (whose parent is self-insured or applying to self-insure in this state)
- ☐ (E) Other (Attach Explanation)

6. Are you now self-insured for workers' compensation in other states? ☐ Yes ☐ No
   If yes, list states and effective dates: _____
7. Do you have applications to self-insure pending in other states? ☐ Yes ☐ No
   If yes, list states: _____
8. In the most recent fiscal year what was your workers' compensation premium and experience modification for South Carolina?

Premium Amount: _____ Name of Present Carrier: _____

Experience Modification: _____ _____

9. Provide employment information for the current year for each business location in South Carolina (provide attachment if necessary):

Locations in South Carolina	Number of Employees in South Carolina	Estimated Payroll for South Carolina
Total:		

10. Total number of employees company-wide: _____

For further information, refer to Article 15 of the South Carolina Workers' Compensation Commission's Regulations.

South Carolina Workers' Compensation Commission
SELF-INSURANCE DIVISION
1612 Marion St. • P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5706

11. If a corporation or limited partnership list the names of officers, directors, and residence of each. If a partnership, list the names of members and residence of each.

12. If a corporation: Date of charter _____ and State charter was obtained _____

13. Provide the following information for workers' compensation claims information for South Carolina for the three most recent years.

Year	Number of Claims	Amount Paid			Amount Incurred		
		Medical	Indemnity	Total	Medical	Indemnity	Total

14. Name, title, address and telephone number for contact person for claims administration:

_____

15. Name, title, address and telephone number for contact person for self-insurance tax and financial issues:

_____

The undersigned, an employer subject to the provisions of the South Carolina Workers' Compensation Law, hereby applies for the privilege of being exempt from the necessity of insuring the payment of compensation provided in that Law, and submits the following facts under oath to the South Carolina Workers' Compensation Commission to enable it to determine if sufficient financial ability exists to render certain payment of such compensation:

Reserved for Commission Use Only

Approved: _____ Effective Date: _____ SI No. _____

South Carolina Workers' Compensation Commission
SELF-INSURANCE DIVISION
1612 Marion St. • P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5706

By: Applicant's Name: _____

Signature: _____

Sworn and subscribed before me this _____ day of _____ year _____

Notary Public for: _____

My commission expires: _____

Attach the following:

1. $250 application fee, $100 for each subsidiary.
2. Description of the business, including operations and articles manufactured or services performed.
3. Description of your safety program.
4. Three years audited financial statements or Form 10K's and most recent quarterly report.
5. Excess insurance quotes for South Carolina.
6. Name of carrier or bank providing the required surety bond or irrevocable letter of credit.
7. Statement describing proposed claims administration. Include a copy of claims service agreement. If handling claims in-house provide resumes of claims staff and licensed adjuster(s).

When the applicant is a subsidiary company or a partnership, the Commission requires that the parent company, or any other company or person holding stock in the applicant company, or a partner or partners in the partnership, shall give satisfactory guarantee that the applicant will full and promptly pay all sums which are or may become payable under the provisions of the South Carolina Workers' Compensation Law and under the terms of the agreement contained in this application.

For further information, refer to Article 15 of the South Carolina Workers' Compensation Commission's Regulations.